SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET 6-30-00 (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 8 -(7) (10) <u>`11</u> (19) 20: \_21 26. 29. TOTAL TOTAL TOTAL DEP. TOTAL •MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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